



Brain Injury
Association
of America

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Each year in the United States, an estimated 1.4 million people sustain a TBI.¹

Each year in the United States, an estimated 80,000 to 90,000 people experience the onset of long-term disability associated with a TBI.¹

Direct medical costs and indirect costs (such as lost productivity) of TBI are estimated at \$60 billion annually. This number does not take into account returning military service personnel with TBI.²

At Least 5.3 million individuals have a long-term disability as a result of TBI.¹

TBI: The Invisible Injury

U.S. Department of Health and Human Services

A traumatic brain injury (TBI) is a blow or jolt to the head or a penetrating head injury. The injury is caused by falls, motor vehicle crashes, assaults and other incidents. Blasts are a leading cause of TBI for active duty military personnel in war zones.

Any TBI—whether diagnosed as mild, moderate or severe—can temporarily or permanently impair a person's cognitive skills, interfere with emotional well-being and diminish physical abilities.

Individuals with TBI may experience memory loss; concentration or attention problems; slowed learning; and difficulty with planning, reasoning, or judgment. Emotional and behavioral consequences include depression, anxiety, impulsivity, aggression, and thoughts of suicide.

Physical challenges of TBI may include fatigue, headaches, problems with balance or motor skills, sensory losses, seizures, and endocrine dysfunction. TBI often leads to respiratory, circulatory, digestive, and neurological diseases, including epilepsy, Alzheimer's disease, and Parkinson's disease.

Poor outcomes after TBI result from shortened length of stays in both inpatient and outpatient medical settings; insurance coverage denials for rehabilitative treatment; and inadequate funding for public services. Too often individuals with TBI are prematurely discharged to untrained, unsupported family caregivers or inappropriately placed in nursing homes, psychiatric institutions or correctional facilities.

Maximal recovery and long-term health maintenance for people with brain injury can only be achieved through a comprehensive, coordinated neurotrauma disease management system providing for immediate treatment, medically-necessary rehabilitation, and supportive services delivered by appropriately trained TBI specialists in the public and private sectors.

The Brain Injury Association of America and its nationwide network of advocates call on Congress to enact and fully fund balanced, coordinated and responsible public policy that provides for basic and applied research; acute inpatient and outpatient treatment and rehabilitation; long-term disease management, and appropriate, accessible social services and supports following neurotrauma.

Traumatic Brain Injury Needs

U.S. Department of Health & Human Services

Traumatic Brain Injury Act Reauthorization

The TBI Act of 1996 (PL 104-166), as amended in 2000 (PL 106-310), authorizes agencies of the U.S. Department of Health and Human Services to conduct studies and establish innovative programs with respect to TBI.

Since the law's enactment, the Centers for Disease Control and Prevention (CDC) has produced and disseminated data on the incidence, prevalence, causes, and consequences of TBI and engineered nationwide public education campaigns. The National Institutes of Health (NIH) has conducted basic and translational research to ameliorate the effects of TBI. The Health Resources and Services Administration (HRSA) has awarded grants to States and Protection and Advocacy (P&A) systems to improve coordination of and access to services by individuals with TBI and their families.

Advocates call on the 110th Congress to amend the law to (1) Expand the CDC's studies to incorporate all age groups, institutional settings, and special populations including individuals with mild TBI; (2) Add the American Indian Consortia as an eligible applicant in the HRSA State Grant; Program; (3) Lower the State grant in-kind match to \$1 state dollar for each \$5 in federal funding; (4) Authorize agency administrators to coordinate TBI and developmental disabilities data collection for P&A services; (5) Grant P&A systems access to records as is provided under the Developmental Disabilities Assistance and Bill of Rights Act of 2006; and (6) Authorize the law for 5 years with such sums appropriated as may be necessary.

TBI Act Appropriations **\$30 million for FY 2008**

Continued and expanded funding for TBI Act programs is vital to the development of statewide systems of care for individuals with brain injury.

An appropriation of **\$9 million to CDC** is required to strengthen state and local data collection activities; improve linkage of persons with TBI to services; increase public education and awareness; and conduct public health research related to TBI.

An appropriation of **\$15 million to the HRSA State Grant Program** will ensure every state, territory and the American Indian Consortia can coordinate and maximize resources to serve their TBI population and provide training and technical assistance to grantees.

An appropriation of **\$6 million to the HRSA P&A Program** is needed for population-based allotments to all States to ensure adequate and appropriate assistance to individuals with brain injury in exercising their rights and accessing public service systems.



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59% of those exposed to a blast and seen at Walter Reed Army Medical Center between Jan 03 and Feb 05 sustained a TBI.³

U.S. citizens are five times more likely to sustain a TBI than multiple sclerosis, spinal cord injury, HIV/AIDS and breast cancer combined.⁴

Annually, the Federal government spends less than \$3 per brain injury survivor on TBI research and services.⁵

Each year, 475,000 children in the U.S. sustain a TBI.¹

TBI is a leading cause of death and disability among youngsters.⁴

1. CDC, National Center for Injury Prevention and Control, 2006.
2. Finkelstein E, Corso P, Miller T and Associates. *The Incidence and Economic Burden of Injuries in the United States*. New York: Oxford University Press, 2006.
3. Okie, *N Eng J Med* 2005; 352:2043-47.
4. Brain Injury Association of America, 2006.
5. Denkel, K. The Traumatic Brain Injury Act, *Premier Outlook* 5(1), 35-45.